

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119590

FILED
Mar 30, 2009
Secretary of State

Entity Name: BAYOU MARKETING GROUP, INC.

Current Principal Place of Business:

350 OCEANVIEW AVE
PALM HARBOR, FL 34683

New Principal Place of Business:

505 ORANGE STREET
OZONA, FL 34660

Current Mailing Address:

350 OCEANVIEW AVE
PALM HARBOR, FL 34683

New Mailing Address:

P.O. BOX 523
OZONZ, FL 34660

FEI Number: 59-3513420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEN, NORMAN
346 BAY STREET
OZONA, FL 34683 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: CULLEN, NORMAN JR
Address: PO BOX 523
City-St-Zip: OZONA, FL 34660

Title: VD () Delete
Name: CULLEN, NORMAN SR
Address: 2452 CLUBSIDE COURT #312
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: IWANSKI, RITA
Address: 350 OCEANVIEW AVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN CULLEN

PDS

03/30/2009

Electronic Signature of Signing Officer or Director

Date